



United States Environmental Protection Agency  
Washington, D. C. 20460

## Water Compliance Inspection Report

### Section A: National Data Coding (i.e., PCS)

| Transaction                         | Code | NPDES | yr / mo / dy | Inspection Type | Inspector | FacType |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
|-------------------------------------|------|-------|--------------|-----------------|-----------|---------|---|---|---|---|---|----|----|---|---|---|---|---|---|----|----|---|----|---|----|--|
| 1                                   | N    | 2     | 5            | 3               | T N R     | 1       | 6 | 1 | 5 | 2 | 4 | 11 | 12 | 1 | 8 | 0 | 3 | 1 | 9 | 17 | 18 | } | 19 | S | 20 |  |
| Remarks                             |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 21                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 66                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| Inspection Work Days                |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| Facility Self-Monitoring Evaluation |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| Rating                              |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| BI                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| QA                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| -----Reserved-----                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 67                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 69                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 70                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 71                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 72                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 73                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 74                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 75                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |
| 80                                  |      |       |              |                 |           |         |   |   |   |   |   |    |    |   |   |   |   |   |   |    |    |   |    |   |    |  |

### Section B: Facility Data

|  |  |                        |
|--|--|------------------------|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) | Entry Time / Date  | Permit Effective Date  |
| 24 Hr. Self Storage  | 11 AM 3/19/13  |                        |
| S.R. 394 Blountville   | Exit Time / Date   | Permit Expiration Date |
|  | 1150 3/19/13   |                        |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)  | Other Facility Data (e.g., SIC NAICS, and other descriptive information) |                        |
|  |  |                        |
| Name, Address of Responsible Official/Title/Phone and Fax Number   | Contacted  |                        |
| Richard Bowie  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      |                        |
| 2501 S. ROAN ST.   |  |                        |
| J.C. TN 37601  |  |                        |

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

|  |   |  |                              |
|--|---|--|------------------------------|
| <input type="checkbox"/> Permit                      | <input type="checkbox"/> Self-monitoring Program    | <input type="checkbox"/> Pretreatment Program    | <input type="checkbox"/> MS4 |
| <input type="checkbox"/> Records / Reports           | <input type="checkbox"/> Compliance Schedule        | <input type="checkbox"/> Pollution Prevention    |                              |
| <input type="checkbox"/> Facility Site Review        | <input type="checkbox"/> Laboratory                 | <input checked="" type="checkbox"/> Storm Water  |                              |
| <input type="checkbox"/> Effluent / Receiving Waters | <input type="checkbox"/> Operation & Maintenance    | <input type="checkbox"/> Combined Sewer Overflow |                              |
| <input type="checkbox"/> Flow Measurement            | <input type="checkbox"/> Sludge Handling / Disposal | <input type="checkbox"/> Sanitary Sewer Overflow |                              |

### Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

| SEV Codes | SEV Description     |
|-----------|---------------------|
|           | See Attached Report |
|           |                     |
|           |                     |
|           |                     |
|           |                     |

|   |                                       |         |
|---|---------------------------------------|---------|
| Name (s) and Signature(s) of Inspector(s) | Agency/Office/Phone and Fax Numbers   | Date    |
| Mike McClelland                           | Tennessee Division of Water Resources |         |
|   | 423-854-5451                          | 3-19-13 |
|   | (FAX)                                 |         |
| Signature of Management Q/A Reviewer      | Agency/Office/Phone and Fax Numbers   | Date    |
|   | Tennessee Division of Water Resources |         |
|   | (FAX)                                 | 3-28-13 |

CSL-82



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Division of Water Pollution Control

6<sup>th</sup> Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243

1-888-891-8332 (TDEC)

Compliance Inspection for General NPDES Permit for Stormwater Discharges from Construction Activities (CGP)

|   |  |  |
|---|--|--|
| Site/Project Name: <i>24 Hr Storage - Hwy 394</i> |  | NPDES Tracking Number: <i>TN161524</i> |
| Street Address or Location: <i>2851 SR 394</i>    |  | Start date:                            |
| Site Description:                                 |  | Estimated end date:                    |
| County(ies): <i>82</i>                            |  | Latitude (dd.dddd):                    |
| EFO: <i>JC</i>                                    |  | Longitude (-dd.dddd):                  |
| MS4 Jurisdiction: <i>Sullivan</i>                 |  | Acres Disturbed:                       |
|   |  | Total Acres:                           |

|  |  |                 |                                    |
|--|--|-----------------|------------------------------------|
| Name of Permittee (Developer/Operator): <i>Richard Bowie</i> |  |                 |                                    |
| Name of Official Contact:                                    |  | Email:          | Contact Phone:                     |
| Address: <i>2501 S. Row St.</i>                              |  | City: <i>JC</i> | State: <i>TN</i> Zip: <i>37601</i> |

| Check List (office & field checks)                                 | Yes                                 | No                                  | Comments |
|--|-------------------------------------|-------------------------------------|----------|
| 1 Does the site have CGP coverage?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 2 Is NOC posted on site?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 3 Have the site contractors signed the NOI?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 4 Is the current SWPPP available for review?                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 5 Are EPSCs in accordance with SWPPP?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 6 Are EPSCs installed properly and functional?                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 7 Are inspection reports available on site?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 8 Is the proper buffer zone maintained?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 9 Inactive areas stabilized in 15 days? (7 days for steep slopes?) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| 10 Are more than 50 acres disturbed at one time?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 11 Has sediment discharged off site?                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 12 Has sediment discharged into waters of the State?               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 13 Are there unauthorized alterations to waters of the State?      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 14 Are there violations of an existing ARAP?<br>If so, ARAP No.?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 15 Other pollutants/discharges or unusual problems?                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |

|   |
|---|
| General Comments:<br><i>Looks good.</i> |
|---|

|   |                                    |                                    |                                      |
|---|------------------------------------|------------------------------------|--------------------------------------|
| Routine <input checked="" type="checkbox"/> | Complaint <input type="checkbox"/> | Follow Up <input type="checkbox"/> | Termination <input type="checkbox"/> |
|---|------------------------------------|------------------------------------|--------------------------------------|

|   |                        |            |       |
|---|------------------------|------------|-------|
| On-Site Contact (if available)                  |                        |            |       |
| On-Site Contact Name (Print):<br><i>M. Hall</i> | On-Site Contact Title: | Signature: | Date: |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| TDEC Personnel/Information                      |                                  | EFO: Name and Address                        |  |
| Inspector's Name (Print):<br><i>Mike McCall</i> | Signature:<br><i>[Signature]</i> | Date: <i>3-19-13</i><br>Time: <i>11 A.M.</i> |  |